SOCIAL CONDITIONS AND SOCIAL SERVICES ON MONTANA'S SEVEN INDIAN RESERVATIONS

VOLUME III

TITLE XX NEEDS ASSESSMENT PROJECT
MONTANA DEPARTMENT OF
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SOCIAL CONDITIONS AND SOCIAL SERVICES
ON
MONTANA'S SEVEN INDIAN RESERVATIONS

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PREFACE

This report, Volume III, is one component of a Title XX needs assessment for the State of Montana. The other components are: Volume I, Social Services: A Background Statement; Volume II, The Social Condition and Social Service Target Populations of Montana's Counties; Volume IV, Three Survey Perspectives on Montana's Social Service Needs. Each of these volumes is intended to provide a different, but important, perspective on Montana's social service needs.

This Volume, Social Conditions and Social Services on Montana's Seven Indian Reservations, presents the views and suggestions of people working on and with the reservations. At this time we would like to thank all individuals who contributed to the content of this report.

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INTRODUCTION

The Title XX Needs Assessment Research Project was established pursuant to Section 2004 of that amendment requiring each state to study and identify its social service needs. Regarding "social services" needs, the Title XX mandate stipulates that a comprehensive needs assessment study be conducted "to assure that ... all residents of, and all geographic areas in the State are taken into account." (P.L. 93-647) In other research conducted by this project, the social service needs of the State of Montana were examined at the county level. This portion of the study takes a closer look at another of Montana's major political subdivisions, specifically Montana's seven Indian reservations.

When considering "all residents and all geographic areas" of Montana, the reservations and their residents have a special place. Montana's first citizens have very special cultural and social needs that are not conducive to the administrative and planning efforts applicable to other geographical areas of the State.

With the above in mind, the needs assessment project established a special "sub-study" to directly address the concerns, issues, and problems of the reservations and their people. This study incorporates secondary data, personal interviews with social service providers involving Indians, and information contributed by the Tribal Councils, and other Indian-related organizations (e.g., Montana Inter-Tribal Policy Board, Montana United Indian Association, etc.).

Due to the dispersion of Native Americans throughout the entire State, the content of this report is focused at those Indians who live

either on or immediately adjacent to a reservation. Areas adjacent to a reservation include communities that are close enough to the reservation to make reservation programs accessible, either by commuting onto the reservation, or by outreach work from the reservation. Examples of such areas would include: Cut Bank and its proximity to the Blackfeet Reservation, Havre and its proximity to the Rocky Boy's Reservation, Hardin and Billings and their proximity to the Crow and Northern Cheyenne Reservations.

Finally, the content of this report reflects data collected on six of Montana's Indian Reservations. The Northern Cheyenne Tribe did not wish to participate in the study. Therefore, information regarding the social service needs of the Northern Cheyenne is limited.

OVERVIEW OF INDIAN POPULATION AND THE RESERVATIONS

The 1975 estimated population for Montana is 748,000 (Bureau of Business and Economic Research, University of Montana, 1976); of this population, 32,583 are estimated to be of Indian descent. This amounts to approximately 4.36% of Montana's total population. These American and Montana natives are located throughout fifty-five of the State's fifty-six counties (see Table A). The population totals range from a high in Glacier County of 5,348, to a low of 0 in Wibaux County.

The foundation for Montana's sizeable Indian population are the seven nationally recognized reservations located within the borders of the State (see Chart A). A list of these reservations includes the following: Blackfeet, Crow, Flathead, Fort Belknap, Fort Peck, Northern Cheyenne and Rocky Boy's; the respective tribes represented by these reservations are: the Blackfeet Tribe, the Crow Tribe, the Confederated Salish and Kootenai Tribes, the Gros Ventre and Assiniboine Tribes, the Assiniboine and Sioux Tribes, the Northern Cheyenne Tribe, and the Chippewa Cree Tribe. These nine tribes along with those persons known as Chartered Landless Indians* make up Montana's Indian Population.

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*Any Indian individual who is not affiliated with a federally recognized tribe. Comprised primarily of the Little Shell Band of Chippewa Indians.

Whenever considering the need for "social services"* in any given area or for any group of people, an important consideration is the underlying factors which create the "need" for these services.

In the case, of Native Americans of Montana and the reservations on which the majority of them live, the underlying causes of social problems are common to all Indians regardless of their reservation. This is not to say that the solutions to problems, however, would necessarily be the same for all tribes. The differences between the cultural and social values of Indians and the rest of the State's population must be considered. Likewise, differences among the State's tribes must be recognized. In this age of "self-determination" for Indians, it is very often equally important to be recognized as a member of a particular tribe as to be recognized as an Indian.

The social structure and profile of Montana's seven Indian reservations are major contributing factors to their overall dependency on social services. First, the reservations are all primarily rural** with only one or two sizeable communities located on each of them. This characteristic is cited as a dimension of poverty in Volume II of this study.

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*Social services are the services that are directed at rehabilitation of the individual. This rehabilitation is designed to impart the skill or ability that will enable an individual or group of individuals to become self-sufficient, self-supporting or independent. The concept behind social services is that they are only temporary supportive services to be withdrawn once the recipient has caught up with or returned to the mainstream of society.

**An area is considered to be rural if it has no communities of 2,500 or more. 1970 census figures show only the Flathead and Fort Peck Reservations as containing communities of 2,500 or larger, (U.S. Census 1970: App. 1).

Another aspect of Indian populations is the large dependency ratio, exemplified by the age structure. Of the total Indian population residing on or adjacent to the reservations 45% is either sixteen years of age or younger or over 65 years; 40.8% are sixteen or younger and 4.2% are over sixty-five years of age (U.S. Dept. of Interior, 1975). Of the remaining 55% of the population considerably less than half are left to support the entire population once the mothers, disabled and unemployables are discounted. This is not unusual to Indian society but when coupled with the employment statistics of the reservations, the overall effects are widespread and contribute greatly to the need for social programs and services.

The employment picture on the reservations of Montana is a very bleak one. Of all the Indians living on or adjacent to Montana reservations, only 35.5 percent were considered to be in the potential labor force in fiscal year 1975 (see Table D). The unemployment rate among these individuals was 47.4 percent. Unemployment rates on the reservations ranged from a high of 62.1 percent on the Rocky Boy's Reservation to a "low" of 34.5 percent on the Flathead Reservation (U.S. Dept. of Interior, 1975). These figures compare with an overall unemployment rate of 8.1 percent for the State of Montana in 1975 (Montana Employment Security Division, May 1976: 11).

Programs under the Comprehensive Employment and Training Act (C.E.T.A.) are very extensive on the reservations and do alleviate some of the unemployment. These programs help by supplying the citizens with jobs and employee training without cost. The employment opportunities provided are needed and the related benefits are immeasurable. CETA employees are employed in reservation alcohol rehabilitation and aging

services programs, public health facilities, community action programs and other public service projects.

Alcoholism on Montana's reservations is another very important consideration when viewing the need for social services, not only because of the debilitating effect on the individual, but also because of the effect it has on associated individuals and society. The exact number of individuals with alcohol and alcohol-related problems was not available but the federal government uses a standard rate of 50 percent of the total Indian population when considering an Indian reservation (Montana Department of Institutions, 1976). Estimated alcoholism among Indians in Montana, according to the Public Health Service in Billings, is between 12 and 18 percent. When these figures are multiplied by four to account for probable family size, the resultant figure--those affected by alcohol problems--is greater than 50 percent of the total population.

All of the above mentioned factors are important when considering the underlying causes of social service needs. These factors, along with the social and cultural differences between Native Americans and the "non-Indian" population of Montana, account for most of the social service needs on this State's reservations.

YOUTH SERVICES

Montana Native Americans between birth and adulthood make up approximately 40.8 percent of the Indian population. Since these persons are totally dependent on their elders and society for their livelihood and upbringing, they automatically become a group in need. The services required by these individuals due to family neglect or financial inability, span the entire spectrum of social services.

Protective services for Indian children and youth is greatly needed on the reservations in this state. In Volume II this need is established. Of Montana's fifty-six counties all of the major reservation counties rank within the top quartile for "youth hardship". The need for protective services is further substantiated and reinforced by contact with individuals familiar with the reservations (see Appendix C).

A basic problem in the provision of protective services, which includes foster care and adoption services, is jurisdiction. The tribal courts have complete control and jurisdiction over all Indian children in need of protective services. Yet the tribal courts do not have total jurisdiction over the providers of these services, these providers being the State of Montana, the individual counties and the U.S. Department of Interior's Bureau of Indian Affairs (B.I.A.).

This particular situation alone suggests service provision problems. When there are four different government agencies providing the same service to one group of individuals, the incompatibility of their different regulations and procedures renders cooperative efforts useless. An example of this fragmented delivery system is found with foster care: the Tribal Court has jurisdiction over whether a child will be placed in

a foster home; the B.I.A. does the placement on all cases that do not involve A.F.D.C. families, and the state and county workers do licensing, follow-up, evaluation, and placement in cases of A.F.D.C. families. Even these duties or tasks are not exclusively defined for each agency concerned.

The Tribal Court's part is one that is undeniable, but the service providers' part should be exclusive to one agency. This agency should be one that is fully aware of the clients' social and cultural interests and capable of looking out for them.

This fragmentation can only be solved by federal legislation and/or mutual agreement on the part of all service agencies affected. Until something of this magnitude is done, the effective provision of protective services for the Indian youth and children of Montana cannot be accomplished. The foster placement of Indian children will continue to be overextended in length and occurrence; legal adoptions will be delayed and the children will continue to suffer.

The exact number of children needing protective services on the reservations is not known, but a social worker on one reservation gives some idea of the magnitude of the problem on that particular reservation by stating, . . . "we now have approximately 160 children in foster care and group homes both on and off this reservation. These are extremely high numbers when considering the total population of this reservation." This is indeed a very high total and, though real, it is not totally indicative of the situation on all reservations. From information gathered, and it is constantly changing, it is estimated that the number in need of foster care services ranges from an average of twenty to

fifty on different reservations.

The above foster care figures do not indicate more than a partial picture of the need for protective and supportive services for the youth on reservations. In 1973, the Indian caseload for Aid to Families with Dependent Children (A.F.D.C.) comprised 22.1% of the total A.F.D.C. caseload for the entire state. This shows a disproportionate need for services for Indian youth (Urban Management Consultants, 1974:111).

Day care services are also lacking on the reservations. More day care centers are needed on all of the reservations. There are day care centers established on the Blackfeet, Rocky Boy's, Northern Cheyenne and Flathead Reservations. Some of these facilities are state-licensed and others are not. The Fort Belknap, Fort Peck and Crow Reservations have no established centers.

Some of the existing day care centers are in financial trouble and are eligible for state assistance, but operators encounter problems in obtaining necessary assistance. The reservations, including those with established programs, expressed a desire to see 24-hour facilities, for people who work shifts other than 8:00 a.m. to 5:00 p.m. These facilities could also act as receiving homes and temporary shelters for neglected or abandoned children. The need for a sliding fee scale was also expressed.

Day care service problems include: fees that are too high for individuals to pay, cultural differences regarding basic requirements for licensing, and financial assistance in developing services. One very acute problem that some single mothers, even families, encounter is that after paying for day care services they would be better off on Aid-to-Families with Dependent Children (A.F.D.C.)--not much of an incentive

for individuals to become self-sufficient and self-supporting. The different cultural values of the Native Americans requires an extensive cooperation between provider (S.R.S.) and the operators of the centers. The concensus of the reservation people is that S.R.S. should compromise on their requirements. However, compromises should not be made unless it is clear that the compromises would in no way be detrimental to the children affected.

Some of the reservation communities require only technical assistance in setting up day care centers. If more information were made available to interested parties, they would encounter fewer problems in receiving financial support from S.R.S. or local sources to develop needed centers.

Other services designed to aid in child and youth development are too few and, in the opinions of interviewees, are not relevant for the intended recipients. The few programs that do become operational fail to reach any objectives because they are set up by people who are not attuned to local situations. Geographical, cultural and peer group situations are too often not taken into account when programs are planned. For example, in the establishment of housing projects on the reservations, youth are being forced into unfamiliar group situations, without adequate preparation. This may be one reason vandalism and other delinquent activities on the reservations are increasing.

In the areas of alcohol, drugs, family planning, and social development, prevention and directional programs for youths are needed on all the reservations. Both solvent and chemical drugs are much abused in reservation communities. Education appears to be an important aspect of

prevention since knowledgeable and informed youth have fewer of the above mentioned problems.

AGING SERVICES

Aging services on Montana's Indian reservations are unique in several ways. Therefore, the Department of Social and Rehabilitation Services (S.R.S.) has established a special administrative unit, the Area VII Council on Aging, for the administration and provision of services to the seven reservations.* This concept provides for culturally oriented programs that are beneficial to the Indian senior citizen. Some of the services are provided to Indians 45 years of age and older (minimum age for non-Indian programs is 60 years). The difference between age eligibility for Indians and non-Indians reflects hardship conditions on the reservations which cause Indians to age faster and thus to die earlier than whites (Volume II of this project).

Indian senior citizens, eligible to receive Area VII Agency's services (e.g. those 45 years of age and older), make up approximately 15.6% of the reservations' total population (U.S. Department of Interior, 1976). In numbers, this total is not sizeable (see Table E) when compared to the non-Indian population of the State. However, the Indian elderly have unique needs, requiring special programs.

Aging services directed and administered specifically for the Indian elderly is needed. The services can more readily take into account the culture of the people; the elderly being closer to Indian customs and ways than the younger citizens. With proper management, the programs that are directed by Indians can provide a better service to the aged of the reservations. It was mentioned by several individuals

*There are six other areas with administrative units that encompass the remainder of the State.

contacted, that now, even more so than in the past, the Indian elderly are very important to the Indian peoples. This is mainly because they are the sole link, in many instances, to the heritage and customs of the Native American race.

Although all reservations have senior citizens programs, they are not as extensive as they should be due to ineffective administration of the Area VII Agency. As a result the Aging Services Bureau (SRS), has suspended the Area VII Agency as the administering agency for all of the Older Americans Act projects on the reservations. This suspension will remain in effect until the Area VII Agency is in compliance with regulations governing the projects under its auspices, (Montana, SRS, Aging Services Bureau, December 2, 1976). Prior to this action, the Flathead Reservation had already withdrawn from the Area VII Agency due to lack of necessary services to meet the needs of the reservation.

According to providers on reservations, expansion of all present services is needed. This is especially true for homemaker, transportation, and meal services, (both group and home-delivered meals). If services are to be established and implemented to the extent needed, there first has to be an improvement in the administration and planning of the programs for the reservations. The Indian senior citizen programs consider dietary preferences, language differences, and social and cultural values. The concensus of the people contacted is that senior citizens' programs are a "white," middle-class American phenomenon that is totally alien to Indians. A statement made by one individual about a non-Indian program on the reservation clearly supports this, . . . "older Indians do not like the activities that are put on by the local

center and, as far as the meals are concerned, Indians like 'meat and potatoes' and are not into casseroles and other fancy 'white' dishes."

The need for rest and nursing homes for the elderly Indians is another concern voiced by the people contacted. It was mentioned that these homes could also provide respite or temporary care for those individuals requiring it. It was suggested that outreach work for homemaker services could be provided from these facilities by people knowledgeable and aware of the special needs of the Indian.

At present there is only one nursing home in the state, The Blackfeet Nursing Home in Browning, that is owned and operated by Indians for Indians. (Montana Department of Health and Environmental Sciences, 1975.) There are, though, numerous other nursing homes that are being utilized by Indian clients. Once again, these facilities were not designed by Indians, with specific Indian clientele in mind. A respondent in one interview stated that . . . "some of the rest homes in this state were merely 'human warehouses' being operated for profit . . . and more nursing homes are needed for the reservations."

The transportation problem on the reservations is felt most in the senior citizens programs, but is not exclusive to these services. The meals programs on the reservations, which consist of both group meals and home-delivered meals ("meals on wheels") suffer considerably because of transportation problems. Senior citizens of the reservations are generally more widely dispersed than the rest of the population; they tend not to be the people who move into the new housing projects and many of the aged Indians do not have automobiles.

If the meals service were to be expanded to meet the need, the

transportation problem would have to be dealt with first. Once some viable transportation service is in effect, more senior citizens could be served meals either by delivering to their homes or transporting citizens to the meal centers.

ALCOHOL AND DRUG ABUSE SERVICES

The extent of alcoholism and those affected by alcohol has already been stated, and it is evident that prevention and treatment of alcoholism are among the highest service priorities on reservations. Whenever more than 50 percent of a total population is affected by a certain problem, there is no difficulty in ascertaining the need for a service.

All of the reservations have alcoholism treatment and prevention centers (see Table F). The centers were initially started and funded by the Department of Health, Education and Welfare, Public Health Service. These centers now receive funds from two other sources, the State of Montana Department of Institutions and the National Indian Association on Alcohol Abuse (Montana Department of Institutions, FY 1976). These programs provide prevention, outreach, counseling and detoxification services to all Indians within their reservation or service area. In many instances the programs extend beyond the area they were set up to serve; this is a form of outreach to serve a client that has moved from the area.

Numbers served in the reservation alcoholism centers were not available to this project in usable form, so the exact extent of the problem on each reservation is not known. However, statewide data on alcoholism related problems indicate that there is an alcohol problem among Montana minorities. For example, in the period from 1971 to 1975, the deaths in Montana from cirrhosis of the liver for minorities comprised 18.2% of all such occurences; a sizeable overrepresentation (see Table G), (Montana Department of Health and Environmental Sciences, 1971-1975). Another source shows that the rate of death from cirrhosis of

the liver for Indians in Montana and Wyoming is 3 times that of the entire United States population (46.7 per 100,000 population for Indians and 15.7 per 100,000 population for United States). This study also shows that death rates from alcohol psychosis and alcoholism for Indians in Montana and Wyoming were approximately 3½ times that of the nation (24.9 per 100,000 population for Indians and 7.5 per 100,000 population for the nation), (Urban Management Consultants, 1974: 50).

The reservation alcoholism centers also incorporate some type of treatment for abusers of other drugs. Although alcohol abusers consist of many youth or teenagers, the drug abusers on the reservations are primarily youth. The range in years extend from the first school years through the early adult years, and it appears that the primary drugs of abuse are solvents/inhalants, marijuana and speed. The exact extent of drug abuse on the reservations is not known, but contributing individuals suggest that this rate is higher than the State's rate for drug abuse. Another feeling among contributing individuals is that drug abuse among very young Indians is far above the abuse for young non-Indians.

In a Wyoming study this behavioral pattern was found to exist among Anglo and Indian youth; findings show that overall a greater proportion of Indian than Anglo youth tended to have experimented with drugs at a younger age. On drugs other than marijuana the same situation prevailed; Indian youth showed a greater use and at a younger age (Forshund, 1974, 56-58). This information, though not specifically concerning the Indian youth of Montana, does support the observations and comments of the people interviewed on Montana's reservations and is a reflection of the need for increased drug abuse and prevention programs on the reservations

of Montana.

One major problem encountered among drug and alcohol abusers is the low rate of success as evidenced by the repetitive need for treatment. One possible factor detracting from the success rate of the treatment centers maybe the employment opportunities of the regions and the occupational skill level of the clients. Without a meaningful or productive lifestyle to return to, individuals more easily fall back into the rut of their problems.

These treatment centers are required to spend so much of their available resources on rehabilitation that not nearly enough is spent on counseling and prevention programs. According to interviewees this is where the greatest emphasis should lie, especially when Indian youths are being affected to such a great extent. Information, instruction and demonstrative programs to prevent and decrease both drug and alcohol abuse were recommended by persons on each reservation.

TRANSPORTATION SERVICES

Travel and transportation are problems that face a large number of reservation citizens. Individuals interviewed on each reservation state that numerous people miss medical and other appointments due to lack of available transportation. In addition, individuals are forced to pay exorbitant transportation fees for shopping and other necessary household travels.

This general lack of transportation also prohibits reservation residents from taking full advantage of the various services and activities in their areas. Even though an individual may qualify for a particular social service and may be in serious need of it, the inability to reach the service denies this individual the benefit of the service. This also holds true for social and community activities. This condition, therefore, cuts down on the effectiveness of the services and activities.

The lack of personal automobiles on the reservations contributes to the transportation problem. In 1970, 29.4 percent of all rural Indian households had no available automobile. This compares with a statewide rate of 12.4 percent for all households without an automobile, (Urban Management Consultants, 1974; 165).

The vastness of the reservations, the highways and roads which are not necessarily in good condition, and the weather conditions during certain times of the year increase and expand the transportation problems these people have.

The comments of one person interviewed sums up the transportation problems of the reservations . . . "transportation is needed, especially for the elderly. Many people are too old to drive or are unable to

drive because of health problems. Transportation is needed to take people to the areas where they can receive the special services they require. Some of the people have too many children and the distances to the social service offices are too great to travel to."

In examining the transportation problem on the reservations, the distances that have to be travelled for services illustrate the problem. For example, it is: twenty-seven (27) miles from Rocky Boy's Agency to Havre; thirty-six (36) and forty-one (41) miles respectively from Hays and Lodgepole to Harlem (Fort Belknap Reservation); fifteen (15) miles from Crow Agency to Hardin; twenty-four (24) and forty (40) miles respectively from Heart Butte and Babb to Browning (Blackfeet Reservation).

MENTAL HEALTH SERVICES

Mental health services are a top priority with all tribes and individuals contacted on the reservations. Mental health clinics staffed with competent professional people, who are aware of and sensitive to the special needs of the Indian people, are desired on each of the reservations. In almost all incidences, if these services are available, they are only on a part-time or temporary basis and the providers are not usually sensitized to the Indian peoples.

As an Indian in this age of "self-determination," the strain of having to live within two different societies often causes much more strain than can be coped with. The pressures received from two cultural "worlds" is having an increasing effect on the Indian individual. Suicide rates for Montana Indians in 1972 were approximately 2½ times that for the nation, (Urban Management Consultants, 1974: 51). This, as well as all other neurosis brought on by the strain, pressure and tension of reservation conditions, demands that mental health services be offered in an effective and workable manner on all the reservations.

In the mental health centers operated under the auspices of the State Department of Institutions, Indian clients make up 5.3% of the total served. (See Table H). This figure is a higher proportion than the Indian population comprises of the total State population (4.36%). Mental health services generally are not offered on a full-time basis on reservation or adjacent areas. If the services were full-time, the number of Indians utilizing the services would be greater. As one respondent stated . . . "The mental health worker is in town only once or twice a week, sometimes not even that; what are we supposed to do the

rest of the time? When a problem arises it cannot be put aside until a specific time. We need professional services from a 24-hour operation."

The Montana State Plan For Comprehensive Mental Health Services for 1977 shows the reservation counties as being ranked highest for need within their respective regions (Department of Institutions, September 1976: 99-101). The variables used in this assessment (e.g., males in low occupational status, population below poverty, youth dependency ratio) are all variables on which the reservation counties rank highest.

Mental health problems also contribute to the increased demand for other types of services, such as: alcohol and drug rehabilitation services, youth services, and other services received by individuals who are unable to cope with a variety of situations. As was already mentioned mental health services is a top priority for almost all concerned individuals on Montana's Indian reservations.

FAMILY PLANNING SERVICES

Since the family unit is a very integral part of Indian society, family planning services are very important to Indian peoples. To the tribes and Indians within the health field, family planning is not just birth control; it is family health. The size of the family is not necessarily considered to be as important as the health of each individual within the family. However, family size does influence the maintence of a healthy environment since each individual is dependent upon the resources and assets of the family.

The Tribal Health Boards and the Public Health Service both offer family planning services. It has been observed that these programs are not necessarily effective and tend to be information and referral-oriented. Counseling and instructional activities, although not totally nonexistent, are sorely lacking on some of the reservations.

There are presently fifteen family planning programs operating in Montana and, of the 17,822 clients served by these centers, in 1975, 429 were Indians (see Table I). This amounts to 2.4% of the total clientele and does not take into consideration individuals served by the family planning units operated by the different tribes through the Public Health Service (Indian Health Service). Of these family planning programs, only one is located on a reservation - the Ronan Family Planning Center on the Flathead - and one other is near enough to provide service to the reservation - the Havre Family Planning Center near the Rocky Boy's Reservation.

The number of Indian clients served by these family planning programs is not nearly as high as it should be, given the needs on reservations. The Indian birth rate, at 35 births per thousand population, is twice

that of the entire state, which is 16 births per thousand total population, (Department of Health and Environmental Sciences, 1975). The higher birth rate for Native Americans and the number of births out-of-wedlock for Indians, 425 out of 1,219 for the state in 1975 (Department of Health and Environmental Sciences, 1975), combine to show that family planning services must be intensified for the reservation areas.

Interviewees on the reservation felt there is a need for more Indian-orientated training, counseling, outreach and public school programs. In this day and age when family planning and birth control are no longer restricted to married couples, there is a great need to inform single people, both male and female, of the practices and methods of family planning.

It was a concensus of the people interviewed that, with the high birth rates to unwed individuals and financially deprived couples, extensive family planning is a must for all the reservations.

DEVELOPMENTAL DISABILITIES SERVICES

Although the need for developmental disability programs does not appear to be as extensive as the need for other services on the reservations, there is nonetheless a need for them. With the present emphasis on deinstitutionalization and the development of community-based services for the handicapped, the reservations should be prepared and able to take care of their own in this process.

At present, there is only one reservation that has a training and rehabilitation program for the developmentally disabled. This is an extensive program located on the Blackfeet Reservation. Two of the remaining six reservations have access to programs in adjacent off-reservation settings. In these two situations, at the Crow and Fort Belknap Reservations, outreach work and transportation problems prevent a very efficient reception of service. The remaining five reservations, if they receive any service at all, have to rely upon either the Westmont Center in Eastern Montana or the state-operated institutions.

The three programs (the Blackfeet Developmentally Disabled Program in Browning; Blaine County Activities, Inc., in Harlem; and Big Horn Center in Hardin) all provide extensive training to their clients. This training is physical, academic, and vocational for all age groups. One of the major problems faced by the programs is a lack of both physical and speech therapists. Facilities, though functional, are not designed for usage by the handicapped and need to be upgraded.

Training programs and facilities such as the one on the Blackfeet Reservation should be set up on each reservation. If the need is great enough to warrant a full program, it should be established. If not,

then perhaps some type of "mobile" training and rehabilitation unit should be set up to travel throughout the reservations.

GENERAL SERVICES

General services refer to all other areas of service provided by the Department of Social and Rehabilitation Services (S.R.S.) not previously discussed in this study. They include: information and referral services, eligibility determination services, adult protective services, and legal services.

Respondents indicated that information and referral services to the reservation areas need to be greatly expanded. This expansion should not only include where and how to get the services of S.R.S., but should also include information on how new services can be implemented. The reservation people need to be informed on the mechanics of setting up new, more efficient services. Respondents felt that workshops should be offered and consultants provided to program operators and directors. People on the various reservations felt that if they have a need for a specific service, S.R.S. should make every effort to find resources to implement the necessary program. In addition, reservations need to know about other available outside resources.

In the area of eligibility determination and protective services for adults, there should be some investigation into practices at the county levels. There are indications of discriminatory practices by some county offices. This problem was mentioned several times by individuals contacted in this study. The practice by county welfare offices of referring an individual to the Bureau of Indian Affairs for social services simply because the individual is an Indian is not necessarily discriminatory, but a person should not be made to receive B.I.A. social services if they are also eligible for county or state services and the

county or state services are more convenient; this was a consensus of the people on reservations.

Although most of the reservations have some type of legal services, these services should be expanded to meet a larger proportion of those in need. Providing legal services can prevent people from getting into situations or positions where they become dependent on other services. Good, sensitive, top quality, legal services can be a preventative to low-income people in cases of job discrimination, over-extension of credit, civil matters, and custody cases. The preventative nature of legal services could reduce the exploitation of low-income and minority individuals.

Two important providers of general social services to all the reservations are the federally funded Community Action Programs (Office of Native American Programs) and the Community Health Representatives of the D.H.E.W., Public Health Service. Both of these programs have outreach workers that provide a variety of services. These services include: foodstamp outreach, information and referral, transportation, health counseling, family counseling, education and training counseling, homemaker and home repair services for the aged, and some legal services. These two programs are a vital part of the present and future social service delivery system on the reservations.

The Bureau of Indian Affairs social services, besides providing protective services for youth, provides monetary assistance to unemployed adults on and adjacent to the reservations. This program is very beneficial to those individuals unable to find gainful employment. The general assistance roles fluctuate greatly throughout the year but are noticeably higher during the winter months.

County governments also offer general assistance programs. From information received, there appear to be some problems for Indians in these programs. Once again the process of referring individuals is circular--each agency refusing to accept jurisdiction. This allegedly occurs in the counties that are part of or near the reservations. An additional investigation on this problem has been suggested.

Homemaker services are offered by the counties through the State Department of Social and Rehabilitation Services. These services, which offer home service to needy individuals for home cleaning and household planning and management, are as much in demand on the reservation as in other areas of the state, but these services are not offered as readily on the reservations as in other areas. Two individuals interviewed responded to this problem by stating, " . . . county refuses to pay total mileage claims submitted by our homemakers" and ". . . the county homemakers do not go onto the reservation."

There are established Work Incentive (WIN) programs on some of the reservations for single mothers. These programs, which are designed to educate and train individuals for gainful employment, assist in making these mothers more self-sufficient and self-supportive.

Although the WIN programs are new on some of the reservations and well-established on others, there are some procedures that are unacceptable to the clients. This is, namely, the procedure of displacement that occurs in the northern portion of the state where the clients are removed from the reservations to the program locale at the Glasgow Air Force Base. Not only are they uprooted from their native peoples and environments, but they are placed 30 miles north of Glasgow. This practice is not

conducive to education and training. Programs should either be started on the reservations or other more suitable locations.

Respondents felt that general services, though not specifically designed for one category of individuals is equally as important as any other 'social services' and should be as extensive and updated as any of the other services. Since all 'social services' are designed to comprehensively improve the life and life-styles of the citizens, they are addressed to weaknesses which affect the entire society.

CONCLUSIONS

The information gathered and observations compiled regarding the conditions on Montana's reservations indicate that the top priorities are: child and youth services, alcohol and drug abuse services, mental health services, and transportation services. The order of these service priorities might vary somewhat from reservation to reservation. Aging Services is also a priority, but better administration of present programs at the highest level would likely remedy present shortcomings.

In all areas of service, it would be beneficial to consolidate the authority into one agency, or to attain a better state of cooperation between existing authorities. This should help prevent service duplication and provide a better quality of service by more clearly defining who is to deliver what service to whom.

Additionally, in all service areas, an attempt should be made to employ people who are biculturally oriented, bilingual and, most preferably, of Indian descent. These employees should be in planning and implementation positions, and definitely in positions where contact with reservation peoples is a necessity. This practice would increase the effectiveness of services by ensuring that provider employees are more sensitive to Indian needs. If this cannot be done and non-Indian employees are hired to serve Indian clients, they should be informed and instructed on the cultures and values of the Native American peoples of Montana.

It is suggested that the provision of all child and youth services on the reservations be consolidated under one authority. This should decrease the problems of interagency coordination. Also, placement, follow-up and evaluation for foster care cases would be greatly improved.

That is, extended and repeated foster care placements would be diminished.

Consolidation of services under one authority may be impossible. If so, every effort should be made to establish working and cooperative procedures among youth providers. In the opinions of reservation people contacted, interagency politics may possibly be the biggest obstacle that confronts the efficient delivery of services. This holds true for protective services, day-care services and all types of social development services for children and youth.

Alcohol and Drug Abuse Services definitely need expansion on the reservations. The treatment facilities for these problems need to be expanded but the biggest push should be for prevention. The counseling, information and instructional spectrum of preventative services are more effective than treatment after the fact. These types of services are generally more acceptable and easier to deliver.

In the case of Mental Health Services, since the tribes of Montana have health boards that handle these types of services, the primary support that is needed is technical and financial. The Tribal Health Boards, once given the resources and support needed, are ideally set up to handle this service. Since this type of service is a high priority on the reservations, the Tribal Health Boards have already made some inroads for the offering of such a service. Once the outside assistance is obtained, the programs should not be difficult to implement.

The rurality and dispersion of Indian people, coupled with their relative inability to provide transportation for themselves, makes transportation on all the reservations a high priority. Transportation is a problem for almost all peoples living on the reservations.

The reservations, their size, the adverse weather conditions of Montana and the poverty conditions of most of the Indian people creates an urgent need for the provision of some type of regular transportation service on the reservations. A regular transportation system for medical purposes, for the elderly, for shopping and domestic purposes is needed on all reservations. This should be a low-cost, reservation-wide service that is run on a scheduled basis. Providing this type of transportation service should eliminate some of the problems and expenses of other service areas. Service delivery should improve and many hardships would be lifted from those individuals who cannot provide their own transportation. There are many outlying communities on the reservations where a bus-type of service would not only be more economical than outreach type of work, but also would be more practical and time-saving.

One suggestion put forth by concerned individuals and groups is that the Department of Social and Rehabilitation Services (S.R.S.) establish an Indian desk within its operation. This desk or position would be a direct liaison between the Indian reservations and the Department of Social and Rehabilitation Services. If such a desk or position were to be established, it would be essential that strict operational guidelines, definitions, authorities and jurisdictions in all areas of social services be agreed upon. Obviously such an agreement would have to be mutually agreeable to both the Department of Social and Rehabilitation Services and the Tribal authorities or representatives.

In addition to the preceding recommendations, other concerns surfaced. For the most part, these concerns cannot be addressed by SRS; however, because of their prominence in the minds of interviewees, they deserve

mention here. Interviewees stated that some type of financial aid to help individuals pay utility bills is needed. The housing projects on many of the reservations are not in areas of available natural gas and the expense of propane fuel is more than those on low or fixed incomes can handle. Some statements about this problem were, " . . . it is not uncommon for some local low income families to have winter utility bills between 150 and 200 dollars." and " . . . a local gas company is holding $30,000 plus in unpaid utility bills for last winter." The people are provided new houses, with mortgages, and no resources to pay for the additional bills.

There is also a prevailing feeling that the Disregard of Indian Income Program (Urban Management Consultants, 1975) should be reinstated for Montana.* Many people state that the interruption of social services to some families, because of receipt of tribal monies, oftentimes severely retards the achievement of self-sufficiency and self-dependence.

Among the high priorities of the reservations are training and educational services for all peoples. Services in these two areas can help to decrease the need for supportive social services and also make the delivery of the services much easier by providing individuals that are highly competent in the planning and implementation of the programs.

Overall, the major thrust of the Department of Social and Rehabilitation Services should be to look closer at the quantity and quality of services offered to the Native Americans in Montana, and more services that are culturally and socially attuned to the reservations should be continually explored for implementation.

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*This program was one that excluded tribal and trust incomes for individuals in determining eligibility for 'social services.'

SECTION II

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SECTION III:

APPENDICES

APPENDIX A

TABLES AND CHARTS

Indian Populations
(Tables A,B,C)

Employment Figures
(Table D)

Indian Aged Populations
(Table E)

Indian Alcoholism Programs
(Table F)

Health and Family Planning Statistics
(Tables G,H,I)

Reservation Locations
(Chart A)

TABLE A

INDIAN POPULATION BY COUNTY, 1975

County	Total Indians	Rank
Glacier	5,348	1
Big Horn	4,574	2
Roosevelt	3,642	3
Lake	2,651	4
Rosebud	2,232	5
Hill	1,997	6
Cascade	1,946	7
Blaine	1,848	8
Yellowstone	1,360	9
Valley	1,176	10
Missoula	866	11
Pondera	617	12
Lewis & Clark	589	13
Silver Bow	457	14
Sanders	446	15
Flathead	407	16
Phillips	304	17
Deer Lodge	274	18
Lincoln	240	19
Ravalli	166	20
Chouteau	161	21
Gallatin	142	22
Powell	127	23
Fergus	87	24
Madison	85	25
Custer	81	26
Dawson	74	27
Jefferson	71	28.5
Toole	71	28.5
Richland	59	30
Teton	50	31
Park	45	32
Beaverhead	39	33.5
Powder River	39	33.5
Sheridan	38	35
Carbon	32	36
Stillwater	27	37
Broadwater	24	38
Granite	23	39
McCone	21	40
Mineral	20	41
Fallon	19	42.5
Wheatland	19	42.5
Prairie	18	44
Daniels	16	45.5
Meagher	16	45.5
Liberty	11	47
Judith Basin	7	48
Musselshell	4	50
Sweet Grass	4	50
Treasure	4	50
Carter	3	52.5
Golden Valley	3	52.5
Petroleum	2	54
Garfield	1	55
Wibaux	0	56

TABLE B

INDIAN POPULATIONS

ON AND ADJACENT TO RESERVATIONS

Reservation	Counties		Population
Blackfeet	Glacier		5,348
	Pondera		617
		Subtotal	5,965
Crow	Big Horn		3,888*
	Yellowstone		1,360
		Subtotal	5,248
Flathead	Lake		2,651
	Missoula		866
	Sanders		446
	Flathead		407
		Subtotal	4,370
Fort Belknap	Blaine		1,848
	Phillips		304
		Subtotal	2,152
Fort Peck	Roosevelt		3,642
	Valley		1,176
	Daniels		16
	Sheridan		38
		Subtotal	4,872
Northern Cheyenne	Rosebud		2,232
	Big Horn		686*
		Subtotal	2,918
Rocky Boys	Hill		1,997
	Chouteau		161
		Subtotal	2,158
		TOTAL	27,683

* The combined total of these two figures is the estimated Indian population of Big Horn County, 4,574. The figures arrived at were figured on a basis of 85% for Crow Indian peoples and 15% for the Northern Cheyenne. This division was derived from the Billing's Area Public Health Service's (I.H.S.) Populations by service unit for Fiscal Year 1976.

TABLE C

COMPARATIVE POPULATION FIGURES

FOR RESERVATIONS (ON AND ADJACENT)

Reservation	1970 Census (Updated) [1]	B.I.A. 1975 Labor Force Report [2]	Public Health (I.H.S.) Service Unit Fiscal Year 1976 [3]
Blackfeet	5,965	6,020	5,232
Crow	5,248	4,144	4,994
Flathead	4,370	2,980	4,165
Fort Belknap	2,152	2,029	1,762
Fort Peck	4,872	4,543	4,525
Northern Cheyenne	2,918	3,086	2,663
Rocky Boys	2,158	1,483	1,973
Totals	27,683	24,285	25,314

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1 The 1970 Census Data for Montana Counties was up-dated for those counties that extend to within a reservation's boundaries. Indian population totals were established for each county from the 1970 Census and then up-dated by using Births and Deaths from Montana Vital Statistics (State Department of Health and Environmental Sciences, 1971-1975).

2 U.S. Department of Interior, Bureau of Indian Affairs; Program Planning and Evaluation Data Report, Fiscal Year 1975. Figures include Indian people residing on or adjacent to reservations.

3 Department of Health, Education and Welfare, Bureau of Public Health (Indian Health Service) Billings Area Indian Populations by Service Unit and Age Groups for Fiscal Year 1976.

TABLE D

EMPLOYMENT STATISTICS

FOR MONTANA'S RESERVATION AREAS*

Reservation	Potential Labor Force	Unemployed in Labor Force	% Unemployed
Blackfeet	1,807	1,007	55.4
Crow	1,506	581	38.6
Flathead	1,100	380	34.5
Fort Belknap	630	270	42.9
Fort Peck	1,730	981	56.7
Northern Cheyenne	1,277	511	40.0
Rocky Boys	564	350	62.1
TOTALS	8,614	4,080	47.4

*U.S. Department of Interior, Bureau of Indian Affairs; Program Planning and Evaluation Data Report, Fiscal Year 1975.

TABLE E

INDIAN AGED POPULATION (45 years +)

BY COUNTY **

COUNTY	TOTAL INDIANS	45 YEARS +
Glacier*	5384	834
Big Horn*	4574	714
Roosevelt*	3642	568
Lake*	2651	414
Rosebud*	2232	348
Hill*	1997	312
Cascade	1946	304
Blaine*	1848	288
Yellowstone	1360	212
Valley*	1176	183
Missoula*	866	135
Pondera*	617	96
Lewis & Clark	589	92
Silver Bow	457	71
Sanders*	446	70
Flathead*	407	63
Phillips*	304	47
Deer Lodge	274	43
Lincoln	240	37
Ravalli	166	26
Chouteau*	161	25
Gallatin	142	22
Powell	127	20
Fergus	87	14
Madison	85	13
Custer	81	13
Dawson	74	12
Jefferson	71	11
Toole	71	11
Richland	59	9

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* Counties that are partially contained within a reservation.

** The figures are 15.6% of the total Indian population for each county. This figure of 15.6%, was arrived at from information contained within the Bureau of Indian Affairs, Billings Area Office Labor Force Report for Fiscal Year 1975.

TABLE F

NAME AND LOCATION OF ALCOHOL ABUSE

PROGRAMS ON MONTANA INDIAN RESERVATIONS

Blackfeet Alcoholism Program	Browning
Northern Cheyenne Alcoholism Program	Lame Deer
Flathead Alcoholism and Drug Abuse Program	Ronan
Fort Belknap Alcoholism Program	Fort Belknap Agency
Rocky Boy Alcoholism Program	Rocky Boy Agency
Fort Peck Reservation Alcoholism Program	Poplar
Crow Reservation Alcoholism Program	Crow Agency

_____

Montana Department of Institutions, 1976.

TABLE G

DEATHS FROM CIRRHOSIS OF LIVER

IN MONTANA

YEAR	TOTAL DEATHS	NON-WHITE DEATHS*	%
1971	95	10	10.5
1972	97	13	13.4
1973	95	24	25.3
1974	102	24	23.5
1975	79	19	24.1
TOTALS	468	90	19.2

Montana Department of Health & Environmental Sciences, 1971-1975.

* These figures are not exclusively Indian, but they do show that minorities have a higher incidence rate than their proportion of total population. In 1970, 4.5% of the population consisted of races other than white, (U.S. Census, 1970; 28-31).

TABLE H

TOTAL PERSONS SERVED IN MENTAL HEALTH CENTERS

IN MONTANA 1975 BY ETHNICITY*

County Of Residence	Indian	Non-Indian
Custer	14	448
Dawson	5	198
Valley	67	569
Hill (S)	34	232
Toole (B)	20	79
Cascade	61	664
Pondera	14	117
Glacier	25	95
Teton	2	88
Big Horn	44	113
Carbon	4	115
Fergus	8	203
Judith Basin	0	3
Musselshell	6	124
Stillwater	0	57
Sweet Grass	0	30
Wheatland	1	26
Yellowstone 1	38	1398
Yellowstone 11	1	37
Lewis & Clark	13	517
Silverbow	10	606
Beaverhead	0	16
Deerlodge	0	129
Park	0	143
Flathead	4	752
Lake	53	131
Lincoln	2	171
Missoula	9	640
Ravalli	4	162
Sanders	7	101
TOTALS	446	7964

*Compiled from computer printout from Department of Institutions, Community Services Division; Mental Health Patient Statistics System 19-500, 1975.

TABLE I

FAMILY PLANNING PROGRAMS CLIENTS SERVED*
1975

QUARTER	TOTAL CLIENTELE**	INDIAN CLIENTELE
1st	3760	121
2nd	4366	92
3rd	5031	118
4th	4665	98
TOTALS	17,822	429

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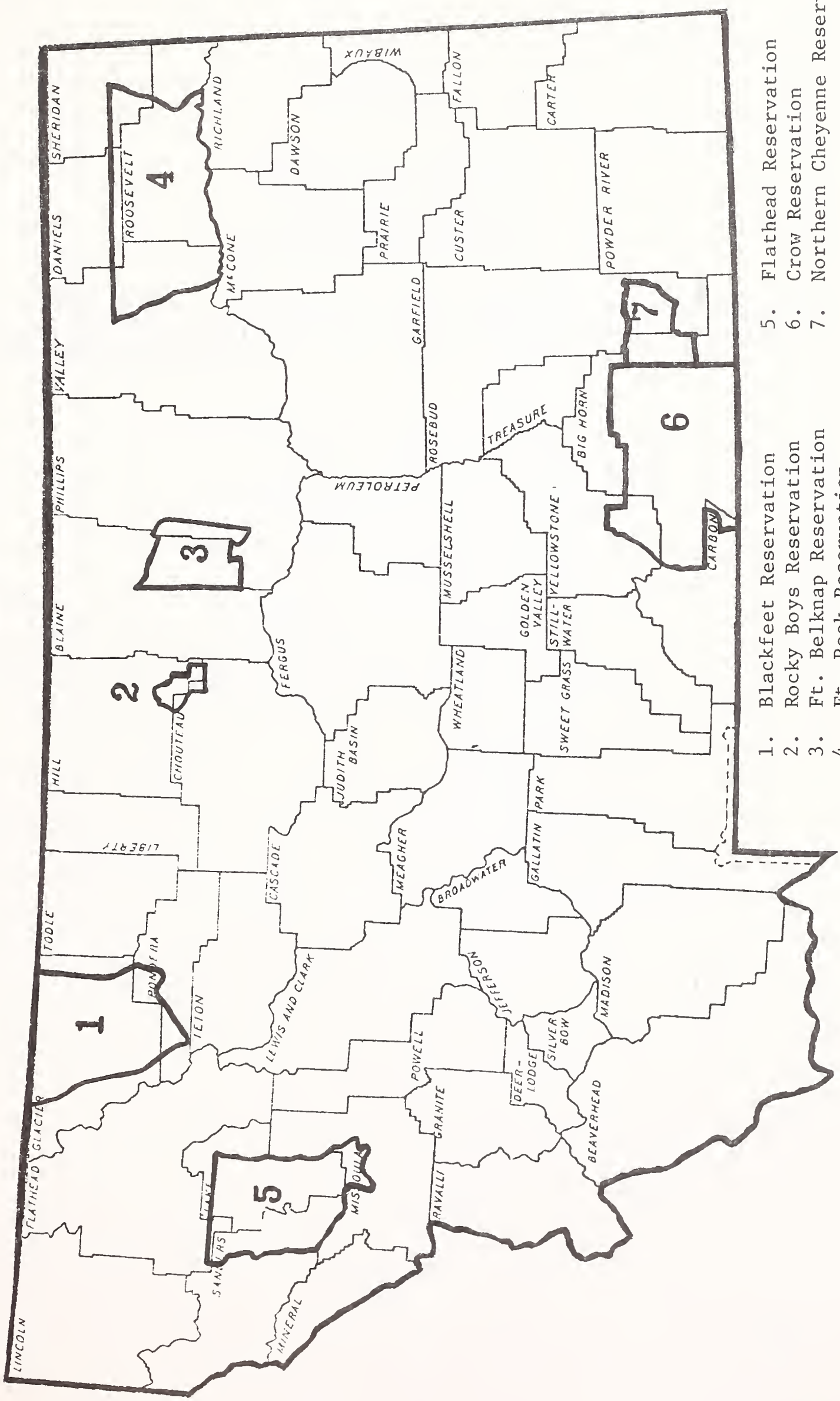
* Family Planning Programs licated at: Havre, Missoula, Billings, Bozeman, Miles City, Kalispell, Malta, Hamilton, Great Falls, Helena, Butte, Deer Lodge, Ronan, Glendive, and Lewistown.

** Combination of clients served and reported under two reporting systems; Maternal and Child Health Services and National Center for Family Planning Services.

LOCATION OF MONTANA'S INDIAN RESERVATIONS



1. Blackfeet Reservation
2. Rocky Boys Reservation
3. Ft. Belknap Reservation
4. Ft. Peck Reservation
5. Flathead Reservation
6. Crow Reservation
7. Northern Cheyenne Reservation

APPENDIX B

PRIORITIES OF CONCERNED

AUTHORITIES AND GROUPS

This appendix contains the social service priorities established by the Tribal Councils and concerned authorities that responded to this needs assessment.

Respondents Name
and Title

CROW Reservation

Date and
Place

Title XX

RESPONSE FORMAT

I. Reservation's ten (10) most crucial needs (i.e. social service porgram needs) Please list in order of priority.

Provide explanations and examples where applicable.

1. A comprehensive program for dealing wiht the crucial problem of neglected and abused children. Such a program would include the following:
   A. Receiving Home or shelter for children
   B. Licensed foster homes with trained foster parents
   C. Tribal sponsored child neglect/abuse team on the reservation
   D. Prevention programs involving classes in parenting and family education
   E. An approved day care facility for working mothers
2. A half-way house and a supportive work program for alcohol abusers. At the present time there is no continuity of treatment and care for our Crow residents with alcohol abuse problems. Most of the clients who go through the local detox unit immediately resume their drinking.
3. A short termed residential treatment and diagnostic unit staffed by professional personnel to diagnose and to treat the severe alcoholic and the emotionally disturbed.
4. A senior citizen's center with the expanded capabilities of providing intermediate and/or nursing services for elderly persons.
5. A youth social service program to work actively with the tribal courts to prevent delinquency, school absenteeism and substance abuse.

Confederated Salish & Kootenai Tribes	Respondents Name and Title
Native American Programs	
Outreach Workers Report	
Flathead	Reservation
November 17, 1976	Date and
St. Ignatius, Montana	Place

Title XX

RESPONSE FORMAT

I. Reservation's ten (10) most crucial needs (i.e. social service porgram needs) Please list in order of priority.

Provide explanations and examples where applicable.

1. Employment - If Indian people had jobs, they could provide for their families. Also, makes better homes for children.

2. Housing - Winterization programs help, the elderly people get their homes fixed so they won't have to leave the place they have lived in all their lives, where their family was raised. In Sanders County, there is no adequate housing for families or elderly people. Also, rent and mortgage should be based on income.

3. Transportation - Especially for the elderly. Many people are too old to drive and are unable to drive because of health problems. Transportation for special needs take people to other areas for these needs and there is no way of getting there. Some other people have too many small children to go to the Welfare Office and the distance is long.

4. Emergency Foods - The Bureau of Indian Affairs helps the Indian people when they cannot get any sort of help.

5. Homemakers - Some who will help the elderly or anyone who is in need of the services. Some who make a better and cleaner home for children and elderly Indian people. Transportation is also in need.

6. Food Stamps - Its a better nutritional program for the people and the right foods for the diets for the elderly people on the reservation. There also should be a Nutritional Education Program.

7. Medical Needs - Here again, in the area here, the doctors and hospitals are out of the area, which includes transportation again. Also an Illness Prevention Program may help in the areas of mental and emotional illness. Also a counseling for unwed mothers.

8. Budget Counseling - Protective Payee, which helps the elderly people who cannot spend their money right.

9. Alcohol Center Assistance - Youth Counseling Program. Also help many of the Indian people with problems when they need help and don't know where to turn.

10. Welfare Aid - The Indian people are very proud, but when they need help, they turn to Welfare for assistance for their families and health needs.

Charles Plumage
Chairman
Fort Belknap Community Council

Fort Belknap Indian Reservation
September 7, 1976
Fort Belknap Agency
Harlem, Montana 59526

I. Fort Belknap's 10 most crucial needs.

Designated as the number one priority for social service programs is as follows. The priorities were determined by a temporary health project director, community meeting's and tribal council priorities.

1. Tribal Nursing Home -
There is amply no care of this type being provided by the State or the Bureau of Indian Affairs. There is a clear and present need for a facility which would allow a patron to convalese from either an infirmity or a protracted illness. Moreover, a facility is needed merely to enable the elderly to reside in a compatible residence where they would not have to cook, wash, etc. with handicaps brought on by the infirmities of old age.

2. Residential Program for Elderly -
There is a need for a boarding home situation for those elderly persons who are between self-sufficiency and the need for more extensive care as a nursing home.

3. Mental Health Service -
There is a need for a diagnostic and treatment capability for emotionally disturbed children and adults. Preferebly, there should be a facility which could handle extreme cases and be able to provide for the temporary confinement of from six to eight clients who would be diagnosed as either dangerous or psychotic. In addition there should be the ability to determine and classify speech impediments in children which would result in mental and medical problems.

4. Ambulance - Clinic (To be located at LodgePole) -
Because of the distance to a medical facility from the outlying communities such as LodgePole and Hays. More preferable would be to provide a mobile clinic at Hays and LodgePole.

5. Child Receiving Home -
There is a need for the temporary placement of children and young adults including neglect and abuse cases. Because of some emergency such as a death in the immediate family, problems of a legal nature and temperary absences of the parent or guardian short periods of care are vital.

6. Juvenile Detention Capability -
Because of peculair problems concerning jurisdiction, a reservation cannot commit their juvenile delinquent cases to a state institution. Consequently, there is a need for a group home facility or a minimum security center to serve young law breakers.

7. Legal Services -
There is a need for assistance with civil cases and domestic relations, and the development of and effective system of representation for the neglected and abused child (child advocacy)

8. Medical and Medicare -
Elderly people need braces and hearing aids on ocassion.

9. School Nurses -
Self explanatory

10. Speech Therapists and Physical Therapists -
There are none at present.

NEEDS ASSESSMENT

Fort Peck Indian Reservation

Poplar, Montana

Prepared by: Robert J. Longtree
O.N.A.P. Director

1. Child-Welfare Services:

   The reservation has a Hope Ranch, which houses homeless children. The Hope Ranch has two houses with house parents and can have a capacity of about ten (10) children. This is only in Poplar, there is five other communties on the reservation that need a project similar to the one in Poplar.

2. Drug and Alcohol Related Services:

   There is a Alcoholism, De-tox Unit, and Youth Alcoholism Program established on the reservation. These are located in Poplar. What is needed, is sub-stations to these programs across the reservation and a funded drug program.

3. General Services:

   General Services are provided by several agencies; the B.I.A., Social Services, C.H.R.'s, and O.N.A.P.

   There is still some needs for Community Workers, and Outreach Workers to reach all of the people.

4. Mental Health Services:

   There is a Mental Health Program established by the I.H.S.

   There could be a program linked between Mental Health and Alcoholism Program.

5. Day-Care Services:

   A Headstart Program is established across the reservation, that is for children between the ages of 3 to 5 years old.

   What is needed is a Day-Care Center for children between the ages of 0 to 2 years old.

6. Aging Services:

   There is a Title III and Title VII Program for the Elderly Indians on the reservation.

   The need is to expand these programs across the reservation, which is more money.

7. Youth Services:

   There is a Youth Alcoholism Program and various other youth clubs on the reservation. What is needed most is a more established youth program.

8. Developmental Disabilities Services:

   This is a need that yet has to be established.

9. Family Planning Services:

   The Indian Health Services has a program of this nature.

SOCIAL SERVICE NEEDS

QUESTION ONE: What do you see as the State's most urgent social service needs? (Please list or discuss in order of importance.)

1. Child Welfare
2. Alcohol Abuse
3. Drug Abuse
4. Education & Training Services
5. Housing Improvements Services
6. Senior Citizens

Submitted by

Montana Inter-Tribal Policy Board

APPENDIX C

INTERVIEW SOURCES

BY

RESERVATION

This appendix contains the names of all the individuals who contributed to the content of this report. The contributions consisted of either personal interviews or information received over the phone.

Individuals Interviewed by Reservation

Blackfeet Reservation:

James Baker	Vice-Chairman, Blackfeet Tribal Business Council
Gordon Belcourt	Director, Blackfeet Tribal Health Board
Mike Mad Man	Assistant Director, Blackfeet Tribal Health Board
Robert Parsons	Director, Blackfeet Developmental Disabilities Training Program
Lowell McGhie	Director, Glacier County D. P. W.
Larry Nackerud	Social Worker, Glacier County D. P. W. Branch Office, Browning
Thelma Merchant	Director, Blackfeet Community Day Care Center
Clifford Kicking Woman	Staff Supervisor, Blackfeet Manpower and C.E.T.A. Offices
Mrs. Tatsey	B.I.A. Social Services
Leonard Mountain Chief	Concerned Citizen, Blackfeet Indian Reservation
Marie Williamson	Director, Public Health Service (I.H.S.) C.H.R.s.

Crow Reservation:

Phillip White Clay, Sr.	Crow Tribal Council Member
Dennis McLuskie	Social Worker, Big Horn County D.P.W.
Katy Pretty Weasel	Director, Crow Tribal Senior Citizens Programs
Mr. Chase	Social Services Rep., B.I.A. Social Services
Agnes Pretty Weasel	Social Services Rep., B.I.A. Social Services

Crow Reservation (continued):

Lawson Lee	Comptroller, Crow Agency O.N.A.P. offices
Ben Jefferson	Director, Crow Reservation Alcoholism Programs
Lou Klimper	Director, Big Horn Center

Flathead Reservation:

Annette L. Lewis	Supervisor, B.I.A. Social Services
Al Sloan	Director, CS & KT Manpower offices
Clara Dumontier	Director, Public Health (I.H.S.) C.H.R.'s
Helen Maxwell	Lake County Welfare Offices
Mary Clairmont	Director, Polson and Ronan Day Care Centers
John Lozeau	Supervisor, Public Health Construction Program
Gwen Cole	Resource Worker, Regional S.R.S. Office, Kalispell
Norma Jones	Social Worker, Sanders County D.P.W.
Fred Jenneskens	Supervisor, District S.R.S. Office, Kalispell
Britz Loyce	Director, O.N.A.P. Programs
Oleta "Pete" Smith	Lake County Council on Aging
Eddie Adams	Social Services Rep., B.I.A. Social Services
Marie Left Hand	Social Services Rep., B.I.A. Social Services
Sarge Campbell	Director, Ronan Alcohol Programs

Fort Peck Reservation:

J. Milburn Lathan	Supervisor, B.I.A. Social Services
Gwen Mail	Social Worker, B.I.A. Social Services
Joe Vandell	Social Worker, Roosevelt County D.P.W.
J. T. Brownlee	Social Worker, Roosevelt County D.P.W.

Fort Peck Reservation (continued):

Judy Skornogoski	Social Worker, Valley County D.P.W.
Melvin Eagleman	Director, Fort Peck Tribes Alcoholism Programs
Jacob Bighorn Jr.	Asst. Dir., Fort Peck O.N.A.P. Offices
Kora Breikjern	Social Worker, Valley County D.P.W.
Clayton Beeghly	Social Worker, Valley County D.P.W.
Bob Dumont	Director, Fort Peck Tribal Health Board

Fort Belknap Reservation:

Ken Ryan	Director, Fort Belknap O.N.A.P. Programs
Sharon Holley	Financial Director, Fort Belknap O.N.A.P. Programs
Florence Cole	Director, Reservation Alcoholism Programs
Lewis Gilbert	Director, Blaine County Activities, Inc.
Paige Brown	Director, B.I.A. Social Services
Gertrude Werk	Supervisor, Public Health Service (I.H.S.) C.H.R's
Jane Pehrson	Social Worker, Blaine County D.P.W.
Debbie O'Brien	Social Worker, Blaine County D.P.W.

Rocky Boys Reservation:

Elly Bernau	Supervisor, District S.R.S. Office, Great Falls
Valerie Wattson	Social Worker, Hill County D.P.W.
Paul Mitchell	Director, O.N.A.P. Programs
Frank Hays	Supervisor, B.I.A. Social Services
Walter Denny	Director, Tribal Social Services
Maxine Denny	Director, Rocky Boys Day Care Center

Rocky Boys Reservation (continued):

Violet Henry	Director, Senior Citizens' Center
Bonnie Knows His Gun	Director, Tribal Health Board
Francis Four Souls	Chairman, Area VII Aging Council

Bureau of Indian Affairs, Billings Office

James Abeita

Public Health Service (Indian Health), Billings Office

Margine Towers